

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F94000000262 (5)
1. Corporation Name
CHRISTIAN MILITARY FELLOWSHIP CORPORATION



Principal Place of Business: 3677 SO HURON STE 101 ENGLEWOOD CO 80110 US
Mailing Address: P.O. BOX 1207 ENGLEWOOD CO 80150

3. Date Incorporated or Qualified: 01/19/1994
3a. Date of Last Report: 08/03/1995

2. Principal Place of Business: 21
2a. Mailing Address: 26

4. FEI Number: 84-0780545
Applied For: Not Applicable

Suite, Apt. #, etc.: 22

5. Certificate of Status Desired: \$8.75 Additional Fee Required

City & State: 23

6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

Zip: 24
Country: 25
Zip: 29
Country: 30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HOLM, GREGORY S ANG
1878 E. 9 MILE RD., APT. 803
PENSACOLA FL 32514

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	M	<input type="checkbox"/> DELETE
NAME	CONRAD, CRAIG C	
STREET ADDRESS	3784 S. INCA ST.	
CITY-ST-ZIP	ENGLEWOOD CO	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FLYNN, ROBERT W	
STREET ADDRESS	3784 S INCA ST.	
CITY-ST-ZIP	ENGLEWOOD CO	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	FLAMBOE, EDWARD E LT	
STREET ADDRESS	925 MARINE DR.,ATLANTIS	
CITY-ST-ZIP	ANNAPOLIS MD 21401	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	KIRK, JAMES	
STREET ADDRESS	CMR 431 BOX 1702	
CITY-ST-ZIP	APO AE	
TITLE	ST	<input checked="" type="checkbox"/> DELETE
NAME	JONHSON, RICKY L	
STREET ADDRESS	4775 APARTMENT BLVD E-1	
CITY-ST-ZIP	N CAHRLSTON SC	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	JOHNSON, RICKY ;	
STREET ADDRESS	4775 APARTMENT BLVD E-1	
CITY-ST-ZIP	N CHARLESOTN SC	

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	3677 So. Huron St, Ste 101
1.4 CITY-ST-ZIP	Englewood, CO 80110
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	3677 So Huron St, Ste 101
2.4 CITY-ST-ZIP	Englewood, CO 80110
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Mel Anderson
3.3 STREET ADDRESS	3615 So Bryant St
3.4 CITY-ST-ZIP	Englewood CO 80110
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Robert Bingham
4.3 STREET ADDRESS	PO Box 1930 NA
4.4 CITY-ST-ZIP	Englewood, CO 80110
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Judge, Michael
5.3 STREET ADDRESS	509 Elmira St
5.4 CITY-ST-ZIP	Aurora, CO 80010
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	D Flamboe, Ed
6.3 STREET ADDRESS	925 Marine Dr Atlantis
6.4 CITY-ST-ZIP	Annapolis, MD 21401

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Robert Bingham* 5/21/96 (303) 761-5005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)